EXHIBIT H

Case 2:20-cv-12008-TGB- EAS	ECF No. 83-9, PageID.2098	Filed 05/27/21	Page 2 of 2
LIGO FINANCINO OTATEMENT			

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 800-858-5294

B. E-MAIL CONTACT AT FILER (optional)
FilingDept@cscinfo.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)
Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703 USA

Michigan Department of State - Uniform Commercial Code

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	Corporation Service Company	,						
•	801 Adlai Stevenson Dr Springfield, IL 62703 USA		THE ABOVE SPACE I	S FOR FILING OFFICE U	ISF ONLY			
	EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (usame will not fit in line 1b, leave all of item 1 blank, check here		lify, or abbreviate any part of the De	ebtor's name); if any part of t	he Individual Debtor			
1a. ORGANIZATION'S NAME Northwest Neurology PC								
ا م	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX			
	MAILING ADDRESS 200 Lahser Rd, Suite 100	CITY Southfield	STATE MI	POSTAL CODE 48034	COUNTRY			
na	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (us ame will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME							
OR -	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDIT	ADDITIONAL NAME(S)/INITIAL(S)				
2c. l	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
7B	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME U.S. Small Business Administration 3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFI							
	MAILING ADDRESS North Street, Suite 320	сітү Birmingham	STATE AL	POSTAL CODE 35203	COUNTRY			
ii (1 a e ii	All tangible and intangible personal property including promissory notes (d) chattel pape (e) letter of credit rights, (g) accounts, includiccounts, (i) commercial tort claims, (j) generatracted collateral as such terms may from interest Borrower grants includes all access collateral, all products, proceeds and collective.	r, including tangible cha ding health-care insuran eral intangibles, includir n time to time be define sions, attachments, acce	attel paper and electron ce receivables and cree ng payment intangibles d in the Uniform Comm essories, parts, supplie	ic chattel paper, (e dit card receivables and software and (ercial Code. The so s and replacement) documents s, (h) deposit (k) as- ecurity s for the			
5. C	Check only if applicable and check only one box: Collateral is e hel	ld in a Trust (see UCC1Ad, item 17 an	d Instructions)	red by a Decedent's Personal	Representative			
a.	Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Tra	ansaction 🧧 A Debtor is a Trai		if applicable and check <u>only</u> tural Lien				
	ALTERNATIVE DESIGNATION (if applicable):	ssor © Consignee/Consignor	€ Seller/Buyer € Bail	ee/Bailor 🤤 Licensee	/Licensor			
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